

MONTANA BOARD OF BARBERS AND COSMETOLOGISTS
P. O. Box 200513
301 S PARK, 4TH FLOOR (Delivery)
Helena, Montana 59620-0513
(406) 841-2378 FAX (406) 841-2309
E-MAIL: dlibsdcos@mt.gov WEBSITE: www.cosmetology.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

**IT IS UNLAWFUL TO OWN, MANAGE, TEACH IN OR CONDUCT A SCHOOL OF
BARBERING, COSMETOLOGY, ELECTROLOGY, ESTHETICS OR MANICURING
WITHOUT AN APPROPRIATE LICENSE**

LICENSE REQUIREMENTS:

- ♦ Schools applicants must meet the requirements defined in ARM Title 24, Chapter 121, Subchapter 8 and MCA Title 37, Chapter 31, Part 311
- ♦ Schools must employ 1 instructor for every 25 students
- ♦ School applicants shall present a bond or other security in the amount of \$5,000 to be used only to provide a refund of prepaid tuition to enrolled students in the event the school ceases to operate or otherwise is unable to complete the course of instruction. Schools shall not allow the bond or other security to be cancelled or expire as long as the school is licensed.
- ♦ Schools shall provide true and accurate copies of all current school policies, procedures, rules, student contracts, tuition costs and required deposits, including but not limited to those policies, procedures and rules addressing: students; school operating standards; disciplinary procedures; permissible attire; ethics/ conduct; leaves of absence; attendance; holidays and school closures; hours of operation; refunds; withdrawals; grounds for termination; grading standards; final practical examination and passing score; requirements for satisfactory progress; release of information; and instructional demonstrations.

FEES:

- ♦ \$ 150.00 School Application Fee
- ♦ \$ 150.00 Inspection Fee
- ♦ \$ 50.00 Additional Course Fee

****Make check or money order payable to the Montana Board of Barbers and Cosmetologists****

DOCUMENTS:

The following documents must be submitted with your application:

- ♦ Attachment A – Personal Survey Form For Owners and Officers
- ♦ Attachment B – Personal Information Form For Instructors
- ♦ Attachment C – List of Supplies and Equipment for School
- ♦ A detailed, drawn to scale floor plan of the proposed school. Please include entrances/exits, restrooms and sink locations, office, classrooms, break areas, student locker rooms, reception area and dimensions, and label all areas of the school
- ♦ Proof of Bond or other security in the amount of \$5000.00
- ♦ A school financial report prepared by a certified public accountant (CPA) indicating the financial solvency of the proposed school.

- ♦ **True and accurate copies of all current school policies, procedures, rules, student contracts, tuition costs and required deposits, including but not limited to those policies, procedures and rules addressing: students; school operating standards; disciplinary procedures; permissible attire; ethics/ conduct; leaves of absence; attendance; holidays and school closures; hours of operation; refunds; withdrawals; grounds for termination; grading standards; final practical examination and passing score; requirements for satisfactory progress; release of information; and instructional demonstrations.**

****All Documents Must Be Submitted To The Board Office****

APPLICATION PROCEDURES

- ♦ When the application file is complete, it will be reviewed at the next Full Board meeting for preliminary approval.
- ♦ An incomplete or non-routine application may be a delayed. You may be requested to provide additional information or to make a personal appearance before the Board during a regularly scheduled Board meeting.
- ♦ These applications may take up to 120 days to process.
- ♦ Keep the Board office informed at all times of any address change, change in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ♦ Once a complete routine application is received, processing may require up to 120 days to process.
- ♦ The applicant will be notified in writing of any deficient or missing items from the application file.
- ♦ Once a routine application is processed and approved preliminary approval will be granted.
- ♦ The preliminary approval will be valid until the school has been inspected and approved by a Board Inspector. Once the Board Inspector has approved the school a permanent license will be issued.

For information regarding the processing of this application or other concerns please contact the Board of Barbers and Cosmetologists staff at (406) 841-2378 or email us at dlibsdcos@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF BARBERS AND BARBER INSTRUCTORS ON OUR WEBSITE: www.cosmetology.mt.gov

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Application for Licensure for (check one): (All fees are non-refundable and are not pro-rated)

- ☐ **Barbering School \$150.00 + Inspection Fee \$150.00 = \$300.00**
☐ **Cosmetology School \$150.00 + Inspection Fee \$150.00 = \$300.00**
☐ **Electrology School \$150.00 + Inspection Fee \$150.00 = \$300.00**
☐ **Esthetics School \$150.00 + Inspection Fee \$150.00 = \$300.00**
☐ **Manicuring School \$150.00 + Inspection Fee \$150.00 = \$300.00**
☐ **Esthetics School \$150.00 + Inspection Fee \$150.00 = \$300.00**
☐ **Additional Course within an already licensed school \$50.00**
- Course Type:** ☐ Barbering ☐ Cosmetology ☐ Electrology
☐ Esthetics ☐ Manicuring

Processing may take up to 120 days for processing a completed routine application.

1. SCHOOL NAME: _____ SCHOOL PHONE#: _____
2. SCHOOL ADDRESS: _____
Street PO Box # City and State Zip
3. CONTACT NAME: _____ CONTACT PHONE#: _____
4. EIN # OR OWNER'S SOCIAL SECURITY NUMBER: _____
5. DAYS AND HOURS OF OPERATION: _____
6. PROPOSED OPENING DATE: _____ NUMBER OF STUDENTS: _____
7. PLEASE SPECIFY THE # OF STATIONS FOR:
BARBERING _____ COSMETOLOGY _____ ELECTROLOGY _____ ESTHETICS _____ MANICURING _____
8. Does the school have the required square footage for the school type as required by ARM 24.121.801? ☐ Yes ☐ No
9. Does the school have a classroom for theory/basic classes separate from the clinic floor? ☐ Yes ☐ No
10. Does the school have a separate lunch/break room for students? ☐ Yes ☐ No
11. Does the school have separate restrooms for males and females? ☐ Yes ☐ No
12. Does the school have hot and cold running water connected to a sewer system for all sink and basins? ☐ Yes ☐ No
13. Does the school have mechanical ventilation that operates continuously during business hours that changes air 4 times per hour for the entire cubic square feet of the school? ☐ Yes ☐ No

14. Does the school have legible signs with letters no less than 2" in size with the words, "School of (state type of school)" affixed permanently to the building at all entrances? ☐ Yes ☐ No
15. Does the school have hand washing signs posted in all restrooms? ☐ Yes ☐ No
16. Does the school have liquid soap in all restrooms? ☐ Yes ☐ No
17. Does the school have single use towels or an air dryer in all restrooms? ☐ Yes ☐ No
18. Does the school have non-porous (no carpet) flooring in all services areas to include the dispensary and restrooms? ☐ Yes ☐ No
19. Does the school have legible signs with letters no less than 2" in size with the words, "Student Work Only" posted in each classroom and on the clinic floor? ☐ Yes ☐ No
20. Does the school have a system to keep accurate, verifiable daily attendance records to track student hours? ☐ Yes ☐ No
21. Does the school have 1 instructor for every 25 students? ☐ Yes ☐ No
22. Does the salon/shop have liquid soap dispensers available for hand washing? ☐ Yes ☐ No
23. Does the school have name badges or insignia for the instructors? ☐ Yes ☐ No
24. Is the Blood spill procedure posted? ☐ Yes ☐ No
25. Do all instructors possess a Montana Instructor License in good standing? ☐ Yes ☐ No
27. Has any owner ever been denied by any state the right to take a professional licensing examination? If yes, provide a detailed explanation and a copy of the denial letter. ☐ Yes ☐ No
28. Has any owner ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which they were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
29. Does any owner have criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending? Omit charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation and provide court documents. ☐ Yes ☐ No
30. Has any legal or civil disciplinary action been filed against any owner which relates to their propriety of, or fitness to practice this profession? If yes, attach a detailed explanation and provide documentation. ☐ Yes ☐ No
31. Has a licensing agency ever taken adverse or disciplinary action against any owner's license? If yes, attach a detailed explanation and provide documentation from the licensing agency. ☐ Yes ☐ No
32. Has any owner been treated for the use or misuse of any prescription drug, alcoholic beverages, illegal chemical substance or any other mood-altering substance? If yes, attach a detailed explanation and provide supporting documentation. ☐ Yes ☐ No
33. Does any owner have any physical or mental condition which may have or has adversely affected their ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
34. Has a complaint ever been made against any owner alleging unethical behavior, or unprofessional conduct? If yes, attach a detailed explanation and documentation. ☐ Yes ☐ No
35. Has any owner ever had a license or work permit denied, revoked or suspended? If yes, attach a detailed explanation and documentation. ☐ Yes ☐ No
36. Has any owner ever voluntarily surrendered, cancelled or forfeited their license or work permit? If yes, attach a detailed explanation. ☐ Yes ☐ No

37. Have you enclosed a completed Attachment A, Personal Survey Form for Owners and Officers, for all owners and/or officers? ☐ Yes ☐ No
38. Have you enclosed a completed Attachment B, Personal Information Form for Instructors, for all instructors? ☐ Yes ☐ No
39. Have you enclosed completed Attachment C, List of Supplies and Equipment for School? ☐ Yes ☐ No
40. Have you completed and enclosed a detailed, drawn to scale floor plan of the proposed school? ☐ Yes ☐ No
41. Have you completed and enclosed true and accurate copies of school policies, procedures, student contracts, tuition costs and required deposits, including but not limited to policies, procedures and rules addressing: ☐ Yes ☐ No
- ☐ Students;
 - ☐ School operating standards;
 - ☐ Disciplinary procedures;
 - ☐ Permissible attire;
 - ☐ Ethics/conduct;
 - ☐ Leaves of absence;
 - ☐ Attendance;
 - ☐ Holidays and school closures;
 - ☐ Hours of operation;
 - ☐ Refunds;
 - ☐ Withdrawals;
 - ☐ Grounds for termination;
 - ☐ Grading standards;
 - ☐ Final practical examination & passing score;
 - ☐ Requirements for satisfactory progress;
 - ☐ Release of information; and
 - ☐ Instructional demonstrations
42. Have you enclosed proof of Bond or other security? ☐ Yes ☐ No
Insurance Bond #: _____ Issue Date: _____ Expiration Date: _____
43. A school financial report prepared by a certified public accountant (CPA)? ☐ Yes ☐ No

SIGNATURES

I/we authorize the release of information concerning my/our education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists

I/we hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my/our knowledge. In signing this application, I/we am/are aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I/we have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I/we will abide by the current laws and rules that govern this practice.

Legal Signature of Applicant

Date

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Date

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ATTACHMENT A
SCHOOL APPLICATION

PERSONAL SURVEY FORM FOR OWNERS AND OFFICERS

Please list all owners and/or officers and principal stockholders of the proposed school. Use a separate form for each owner/officer.

1. NAME OF OWNER/OFFICER: _____
2. HOME ADDRESS OF: _____
(STREET) (CITY) (STATE) (ZIP)
3. HIGHEST EDUCATION LEVEL: ☐ Less than High School ☐ High School or GED ☐ Some College ☐ Bachelor's ☐ Masters
4. LICENSE TYPE: ☐ Barber ☐ Cosmetologist ☐ Electrologist ☐ Esthetician ☐ Manicurist LICENSE #: _____ EXPIRES _____
5. LIST ADDITIONAL COURSES RELATING TO THE PRACTICE OR TEACHING OF THE INDUSTRY:

(Course name)	(Provider)	(State)	(Year)
(Course name)	(Provider)	(State)	(Year)
(Course name)	(Provider)	(State)	(Year)
(Course name)	(Provider)	(State)	(Year)

6. LIST ALL WORK EXPERIENCE AS A BARBER/COSMETOLOGIST/ELECTROLOGIST/ESTHETICIAN/MANICURIST:

(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)

7. LIST ALL WORK EXPERIENCE AS AN INSTRUCTOR:

(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)

8. LIST ALL EXPERIENCE CONDUCTING OR MANAGING A SCHOOL, SALON, SHOP OR BUSINESS:

9. LIST 3 INDIVIDUALS NOT RELATED TO YOURSELF, AS REFERENCES:

(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)

Legal Signature of Applicant

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ATTACHMENT B
SCHOOL APPLICATION

PERSONAL INFORMATION FORM FOR INSTRUCTORS

Please complete a separate form for each licensed instructor you plan to employ for the proposed school.

1. NAME OF INSTRUCTOR: _____

2. HOME ADDRESS OF: _____
(STREET) (CITY) (STATE) (ZIP)

3. HIGHEST EDUCATION LEVEL: ☐ Less than High School ☐ High School or GED ☐ Some College ☐ Bachelor's ☐ Masters

4. LICENSE TYPE: ☐ Barber ☐ Cosmetologist ☐ Electrologist ☐ Esthetician ☐ Manicurist LICENSE #: _____ EXPIRES _____

5. PLACE AND DATE OF BARBER/COSMETOLOGYELECTROLOGY/ESTHETICS/MANICURING EDUCATION:
_____ INSTRUCTOR LICENSE #: _____ EXPIRES _____

6. LIST ADDITIONAL COURSES RELATING TO THE PRACTICE OR TEACHING OF THE INDUSTRY:

(Course name)	(Provider)	(State)	(Year)
(Course name)	(Provider)	(State)	(Year)
(Course name)	(Provider)	(State)	(Year)
(Course name)	(Provider)	(State)	(Year)

7. LIST ALL WORK EXPERIENCE AS A BARBER/COSMETOLOGIST/ELECTROLOGIST/ESTHETICIAN/MANICURIST:

(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)

8. LIST ALL WORK EXPERIENCE AS AN INSTRUCTOR:

(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)
(Name of Employer)	(Address)	(Position)	From (Dates Employed)	To (Dates Employed)

9. LIST ALL EXPERIENCE CONDUCTING OR MANAGING A SCHOOL, SALON, SHOP OR BUSINESS:

10. LIST 2 INDIVIDUALS NOT RELATED TO YOURSELF, AS REFERENCES:

(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)

11. WILL THIS LICENSED INSTRUCTOR BE EMPLOYED FULL-TIME, PART-TIME OR SUBSTITUTE? _____

Legal Signature of Applicant

Date

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ATTACHMENT C
SCHOOL APPLICATION

LIST OF SUPPLIES AND EQUIPMENT FOR THE SCHOOL/COURSE

Please list all supplies and equipment in accordance with Board rules under Title 24, Chapter 121.

1. PLEASE LIST SUPPLIES AND EQUIPMENT LOCATED IN THE CLASSROOM AND STUDY ROOM: (include quantities)

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2. PLEASE LIST SUPPLIES AND EQUIPMENT LOCATED ON THE CLINIC FLOOR AREA: (include quantities)

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3. PLEASE LIST ALL REFERENCE BOOKS, PERIODICALS AND TEXTBOOKS ON REQUIRED SUBJECTS USED IN THE SCHOOL/COURSE AND LIBRARY. (include quantities of textbooks)

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Legal Signature of Applicant

Date